

<b>Case Number:</b>	CM15-0074343		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	11/09/2006
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 60-year-old who has filed a claim for chronic neck, wrist, and low back pain reportedly associated with an industrial injury of November 9, 2006. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for six sessions of acupuncture. The claims administrator referenced a March 25, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. In a February 18, 2015 progress note, the applicant was asked to remain off of work "permanently." Additional cognitive behavioral therapy was sought. On March 25, 2015, continued rental of the BiPAP device and six sessions of acupuncture were sought. In an associated progress note dated March 18, 2015, the applicant reported ongoing issues with major depressive disorder (MDD), mood disorder, and chronic pain syndrome. Cymbalta and chronic pain were continued. In a handwritten note dated March 25, 2015, the applicant was asked to remain off of work "permanently" while cognitive behavioral therapy, acupuncture, and a BiPAP device were continued.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture sessions Qty 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** No, the request for an additional six sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question does represent a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f, in this case, however, there was no such demonstration of functional improvement as defined in Section 9792.20f. The applicant was asked to remain off of work permanently, it was suggested on progress notes of March 25, 2015 and February 18, 2015. The applicant remained dependent on other forms of medical treatment, including cognitive behavioral therapy, anxiolytic agents such as Klonopin, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.